

Chapter 41 Application for Certification

As stated in 1 VAC 30-41-50 "Incorporation by reference - EPA guidance documents" of the Virginia *Regulation for the Certification of Laboratories Analyzing Drinking Water*, certified laboratories shall comply with the USEPA *Manual for the Certification of Laboratories Analyzing Drinking Water: Criteria and Procedures Quality Assurance, Fifth Edition, EPA 815-R-05-004 (January 2005)* and *Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water, EPA 815-F-08-006 (June 2008)*. You may access the documents at the EPA Web site at <http://water.epa.gov/scitech/drinkingwater/labcert/> or from links on the DCLS drinking water certification web page at www.dgs.virginia.gov/dcls.

Laboratories are responsible for obtaining and understanding Virginia Administrative Code 1VAC30-41 *Regulation for the Certification of Laboratories Analyzing Drinking Water*. A downloadable copy is available on the DCLS drinking water certification web page.

Check only those parameters on the application for which you currently have the necessary equipment and personnel to perform the analysis. Additional parameters may be added in the future; administrative fees will be charged for such additions in accordance with 1VAC30-41-270.

Laboratories testing drinking water for compliance with Virginia's regulations for waterworks owners must comply with reporting requirements as specified by the Virginia Department of Health (VDH) Office of Drinking Water (ODW). Refer to [these requirements](#) and direct all reporting questions to the VDH-ODW contacts listed in their memorandum.

As described in 1VAC30-41-70, Initial certification application, please complete the application form, personnel form, and equipment form and return one copy of each to the address below. Additionally, please submit a copy of your laboratory's Quality Assurance Plan and SOPs for the test(s) for which certification is sought. An outline of the minimum items that must be addressed in the QA Plan may be found in Chapter III, Section 11 "Laboratory Quality Assurance Plan" of the *Manual for the Certification of Laboratories Analyzing Drinking Water* and the Manual Supplement to Chapter III, Section 2.

As described in 1VAC30-41-80 Certification requirements, the laboratory's initial certification status will be based on successful completion of proficiency test samples (PTs) and a successful on-site inspection. Note that PTs must be purchased from an approved provider. Contact the DCLS Laboratory Certification office for information on approved PT providers.

The Division will charge annual fees in accordance with 1VAC30-41-270, calculated per test category of requested methods. Current fee information is posted on the DCLS drinking water certification web page.

The annual certification period is from July 1 to June 30. The annual fee is not prorated. Checks are payable to the Treasurer of Virginia; credit card payment is accepted.

Laboratories applying for reciprocal certification under a state's NELAP program must apply for certification in Virginia under 1VAC30-46. Do not proceed with this application if the primary accrediting authority is a state NELAP program. Contact the Laboratory Certification office for an application under 1VAC30-46.

Please use this checklist that follows to be sure you are submitting the required completed application materials. (For modifications to a current certificate, see 1VAC30-41-110 Modification of certification and contact the Laboratory Certification office for an abbreviated list of required items.) Please also contact the Laboratory Certification office for additional information about Initial Demonstration of Capability (IDC), Minimum Detection Limit (MDL), Minimum Reporting Limit (MRL), and/or Minimum Detectable Activity (MDA) packages if needed.

FOR VIRGINIA LABORATORIES:

- _____ Application Form
- _____ Fee Payment Form with Payment (DCLS form QT # 6988)
- _____ Personnel List (DCLS form QT # 6948)
- _____ Quality Assurance Plan
- _____ PT report for each requested method/analyte pair (PTs may not be analyzed more than 12 months prior to application date.)
- _____ Laboratory SOP for each requested test method

Microbiology

- _____ Microbiology Equipment and Supply List (DCLS form QT # 6947)
- _____ Collection information and testing bench sheets for at least 20 samples for each requested microbiology method.

Chemistry/Radiochemistry

- _____ Chemistry Instrument and Equipment List (DCLS form QT # 6946)
- _____ IDC data package for each requested method/analyte pair
- _____ MDL data package for each requested method/analyte pair
- _____ MRL determination for each requested method/analyte pair
- _____ Radiochemistry: MDA data package for all requested method/analyte pairs
- _____ PT data package for each requested method/analyte pair

NOTE: Data packages must include the following:

- _____ preparation of samples, standards and QC checks;
- _____ documentation of instrument calibration;
- _____ laboratory bench sheets and/or instrument reports;
- _____ all calculations leading to the final results.

MDL and MRL data packages must show how the laboratory determines the MRL. The data will be evaluated against regulatory and reference method requirements. All MRLs established by the laboratory MUST be less than the MCL stated in 40 CFR.

FOR RECIPROCAL LABORATORIES (LOCATED OUTSIDE VA):

- _____ Application Form
- _____ Fee Payment Form with Payment (DCLS form QT # 6988)
- _____ A copy of the certificate and scope of certification issued by the laboratory's primary certification authority.

Mailing address:

Laboratory Certification Group – Drinking Water
Division of Consolidated Laboratory Services
600 North 5th Street
Richmond, VA 23219-3691

Email submission of application materials to Lab_Cert@dqs.virginia.gov is preferred.

If you have any questions, please call (804) 648-4480 or email Lab_Cert@dqs.virginia.gov .

Information contained in this application and the documents submitted with it may be released by the Division of Consolidated Laboratory Services of the Department of General Services under Virginia's Freedom of Information Act (§2.2-3700 et seq. of the Code of Virginia).

Date: _____

Organization: _____

Address _____

Telephone Number: _____

Laboratory Director: _____

Contact Person and Title: _____

Email address _____

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Check each requested chemistry analyte and indicate method name/number. Include the Edition number for *Standard Methods*. For example, ☒ Fluoride SM 4500 F- C 20th Ed.

INORGANIC CHEMISTRY

<u>TRACE METALS</u>	<u>METHOD</u>
<input type="checkbox"/> Aluminum	_____
<input type="checkbox"/> Antimony	_____
<input type="checkbox"/> Arsenic	_____
<input type="checkbox"/> Barium	_____
<input type="checkbox"/> Beryllium	_____
<input type="checkbox"/> Cadmium	_____
<input type="checkbox"/> Calcium	_____
<input type="checkbox"/> Chromium	_____
<input type="checkbox"/> Copper	_____
<input type="checkbox"/> Iron	_____
<input type="checkbox"/> Lead	_____
<input type="checkbox"/> Magnesium	_____
<input type="checkbox"/> Manganese	_____
<input type="checkbox"/> Mercury	_____
<input type="checkbox"/> Nickel	_____
<input type="checkbox"/> Selenium	_____
<input type="checkbox"/> Silver	_____
<input type="checkbox"/> Silica	_____
<input type="checkbox"/> Sodium	_____
<input type="checkbox"/> Thallium	_____
<input type="checkbox"/> Zinc	_____

<u>INORGANIC NON-METALS</u>	<u>METHOD</u>
<input type="checkbox"/> Asbestos	_____
<input type="checkbox"/> Chloride	_____
<input type="checkbox"/> Cyanide	_____
<input type="checkbox"/> Fluoride	_____
<input type="checkbox"/> Nitrate	_____
<input type="checkbox"/> Nitrite	_____
<input type="checkbox"/> Orthophosphate	_____
<input type="checkbox"/> Sulfate	_____
<input type="checkbox"/> Nitrate+Nitrite	_____

<u>INORGANIC DISINFECTION BYPRODUCTS</u>	<u>METHOD</u>
<input type="checkbox"/> Bromide	_____
<input type="checkbox"/> Bromate	_____
<input type="checkbox"/> Chlorite	_____

PARAMETERS REQUIRING IMMEDIATE ANALYSIS

Laboratories must demonstrate the ability to analyze samples within the required holding times.

<u>PARAMETER</u>	<u>METHOD</u>
<input type="checkbox"/> pH	_____
<input type="checkbox"/> Total Residual Chlorine	_____
<input type="checkbox"/> Free Residual Chlorine	_____

<u>OTHER PARAMETERS</u>	<u>METHOD</u>
<input type="checkbox"/> Alkalinity	_____
<input type="checkbox"/> Conductivity	_____
<input type="checkbox"/> Color	_____
<input type="checkbox"/> Odor, Threshold	_____
<input type="checkbox"/> Turbidity	_____
<input type="checkbox"/> Foaming Agents(Surfactants), MBAS	_____

<input type="checkbox"/> Organic Carbon, Dissolved (DOC)	_____
<input type="checkbox"/> Organic Carbon, Total (TOC)	_____
<input type="checkbox"/> Total Dissolved Solids	_____
<input type="checkbox"/> Ultraviolet Absorbtion at 254 nm (UV ₂₅₄)	_____
<input type="checkbox"/> Specific Ultraviolet Absorption (SUVA)	_____

ORGANIC CHEMISTRY

<u>CARBAMATES</u>	<u>METHOD</u>
_____ Carbofuran	_____
_____ Oxamyl	_____

<u>DIOXIN</u>	<u>METHOD</u>
_____ 2,3,7,8-TCDD	_____

<u>DISINFECTION BY-PRODUCTS</u>	<u>METHOD</u>
_____ HALOACETIC ACIDS	_____
<i>Bromoacetic Acid</i>	<i>Dibromoacetic Acid</i>
<i>Chloroacetic Acid</i>	<i>Dichloroacetic Acid</i>
<i>Trichloroacetic Acid</i>	
_____ TRIHALOMETHANES	_____
<i>Bromoform</i>	<i>Bromodichloromethane</i>
<i>Chloroform</i>	<i>Chlorodibromomethane</i>

<u>FUMIGANTS</u>	<u>METHOD</u>
_____ Dibromochloropropane (DBCP)	_____
_____ Ethylene Dibromide (EDB)	_____

<u>HERBICIDES</u>	<u>METHOD</u>
_____ 2,4-D	_____
_____ 2,4,5-TP	_____
_____ Alachlor	_____
_____ Atrazine	_____
_____ Dalapon	_____
_____ Dinoseb	_____
_____ Diquat	_____
_____ Endothall	_____
_____ Glyphosate	_____
_____ Pentachlorophenol	_____
_____ Picloram	_____
_____ Simazine	_____

<u>RADIOCHEMISTRY</u>	<u>METHOD</u>
_____ Gross Alpha	_____
_____ Gross Beta	_____
_____ Cesium-134	_____
_____ Iodine-131	_____
_____ Radium-226	_____
_____ Radium-228	_____

<u>PESTICIDES</u>	<u>METHOD</u>
_____ Chlordane	_____
_____ Endrin	_____
_____ Heptachlor	_____
_____ Heptachlor Epoxide	_____
_____ Hexachlorobenzene	_____
_____ Hexachlorocyclopentadiene	_____
_____ Lindane (γ -BHC)	_____
_____ Methoxychlor	_____
_____ Toxaphene	_____

<u>POLYCHLORINATED BIPHENYLS</u>	<u>METHOD</u>
_____ As Aroclor Screen	_____
_____ Total as Decachlorobiphenyl	_____

<u>SOCs</u>	<u>METHOD</u>
_____ Benzo(a)pyrene	_____
_____ Di(2-Ethylhexyl)-Adipate	_____
_____ Di(2-Ethylhexyl)-Phthalate	_____

<u>REGULATED VOLATILES</u>	<u>METHOD</u>
_____ REGULATED VOCs	_____
<i>1,1,1-Trichloroethane</i>	<i>Dichloromethane</i>
<i>1,1-Dichloroethylene</i>	<i>Ethylbenzene</i>
<i>1,1,2-Trichloroethane</i>	<i>1,2-Dichlorobenzene</i>
<i>1,2,4-Trichlorobenzene</i>	<i>1,4-Dichlorobenzene</i>
<i>1,2-Dichloroethane</i>	<i>Styrene</i>
<i>1,2-Dichloropropane</i>	<i>Tetrachloroethylene</i>
<i>Benzene</i>	<i>Toluene</i>
<i>Carbon Tetrachloride</i>	<i>Trichloroethylene</i>
<i>Chlorobenzene</i>	<i>Xylenes, Total</i>
<i>Cis-1,2-Dichloroethylene</i>	<i>Vinyl Chloride</i>
<i>Trans-1,2-Dichloroethylene</i>	

	<u>METHOD</u>
_____ Strontium-89	_____
_____ Strontium-90	_____
_____ Tritium	_____
_____ Uranium	_____
_____ Gamma Emitters	_____